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CRYPTOGENIC TUBERCULOSIS - 1990 CAIRO - EGYPT

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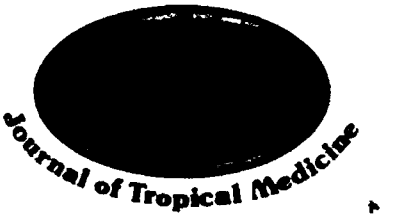

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CRYPTOGENIC TUBERCULOSIS-1990 CAIRO - EGYPT

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A detailed clinical description and diagnosis of extra-pulmonary cryptic tuberculosis causing prolonged undiagnosed fever in 7 patients.

Tuberculosis has been shown to be a primary cause of prolonged undiagnosed fever in Cairo (Farid et al., 1990 and Hassan and Farid, 1974) and now, with the association of HIV and tuberculosis (Inwald, 1991), physicians should be aware of the various clinical presentations of tuberculosis.

During 1990, 133 patients were referred to Abbassia Fever Hospital in Cairo, Egypt for investigation of undiagnosed fever of over 3 weeks. Infectious disease in 75 (56%), neoplastic disease in 22 (17%) and collagen vascular disease was diagnosed in 20 (15%) patients. No patient had HIV antibodies. Patient diagnoses included tuberculosis (18), acute parasitic infection (18), sepsis (15), salmonellosis (13) and brucellosis (11). In the 18 tuberculosis patients, the infection was documented as pulmonary (1), tuberculous adenitis (4), disseminated (3), meningitis (1), tuberculous enteritis (1) and skeletal (1).

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The remaining 7 patients were classified as cryptogenic tuberculosis after thorough bacterial, radiologic and pathologic examinations were negative and a clinical trial of isoniazid and ethambutol relieved symptoms. In these 7 patients, 4 males and 3 females, ranging in age from 8 to 48 years, the mean duration of fever (38-39°C) was 2.3 months (range 1 to 4 months). All patients complained of non-specific constitutional symptoms: fever, weight loss, night sweats, increasing fatigue and pallor. On examination, patients had a moderate to mild hypochromic, normochromic anaemia, an elevated erythrocyte sedimentation rate (ESR) and a positive (greater than 10mm. induration with 5 IU PPD) tuberculin skin test (Table). Laboratory investigations revealed no tuberculosis in cervical lymph node or liver biopsy specimens. Five of the patients were afebrile within one week of starting specific antituberculous therapy (isoniazid 10mg/kg/day, maximum 300mg and ethambutol 25mg/kg/day, maximum 1500mg) and all 7 were afebrile within 2½ weeks. The anaemia and ESR improved within one month.

A high index of suspicion and specific antituberculous treatment after a comprehensive, rapid evaluation is important to avoid tragic complications in these patients (Bohrowitz, 1982; Edlin, 1990 & Treip and Meyers, 1959). Rapid diagnosis of cryptogenic tuberculosis

Table: Cryptogenic tuberculosis in 7 patients.

Case No.	Age/Sex (Yrs)	Duration of Fever (Months)	Hb (g/dl)	WBC (mm3)	ESR (mm/hr)	Time Afebrile (Days)	Comments
1	11/M	1	9.5	8.4	95	4	LN* - Non-specific inflammation
2	33/M	2	11.8	4.3	45	3	LN* - Non-specific inflammation
3	20/F	3	8.0	5.6	115	5	———
4	48/F	3	8.9	8.0	55	3	———
5	8/F	4	9.8	18.7	25	7	L** - Non-specific inflammation
6	9/M	1	10.6	25.4	65	14	———
7	34/M	2	9.2	5.5	54	17	L** - Non-specific inflammation

* LN - Cervical Lymph Node biopsy

** L - Liver biopsy

patients through ELISA or polymerase chain reaction will hopefully be possible in the near future (Shankar et al., 1991 & Wilkins and Ivanyi, 1990).

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